

Center and Public School License Renewal

Application Packet

Includes:

- 1. Instructions for Completing the License Renewal Application Process**
- 2. Notarized License Renewal Application Form for a Child Care Facility**
- 3. Attachment to Application**
- 4. List of Controlling Persons and Designated Agent, including the Controlling Persons Guidelines**
- 5. Public School List of Responsible Parties**
- 6. Applicant, Staff and Resident Report**

INSTRUCTIONS FOR COMPLETING THE LICENSE RENEWAL APPLICATION PROCESS:

Complete and submit the following items:

A. The Notarized License Renewal Application Form for a Child Care Facility

- PART 1 - Name, address and telephone number of the child care facility.
 - If a different mailing address is desired, please indicate in the space provided.
- PART 2 - Applicant is the name of the individual, corporation, partnership, limited liability company, association or cooperative, joint venture, public school, charter school, governmental agency or a business organization type other than those listed prior, responsible for the operation of the child care facility.
- PART 3 - Check ALL applicable sections: Section A, B, C, D, E, F, G, H, I, or J, and complete the applicable section(s) on the Attachment to Application if there have been changes since the last application.

APPLICANT'S SIGNATURE:

The application shall be signed:

- A. INDIVIDUAL – by the individual
- B. CORPORATION - by an officer of the corporation
- C. PARTNERSHIP - by two of the partners
- D. LIMITED LIABILITY COMPANY – by a manager or, a member of the limited liability company
- E. ASSOCIATION OR COOPERATIVE – by two members of the governing board
- F. JOINT VENTURE – by two of the individuals signing the joint venture agreement
- G. PUBLIC SCHOOL - by an individual designated in writing as signatory for the public school by the school governing board or school district superintendent
- H. CHARTER SCHOOL – by the person approved to operate the charter school by the district governing board, the Arizona Board of Education, or the Arizona Board for Charter Schools
- I. GOVERNMENTAL AGENCY - by the individual in the senior leadership position with the agency or individual designated in writing by that individual
- J. BUSINESS ORGANIZATION TYPE (other than those described above) – by two individuals who are members of the business organization

- SIGNATURES MUST BE ORIGINAL AND NOTARIZED - NO CORRECTION FLUID MAY BE USED -

- B. - \$150 non-refundable license fee must accompany the application -**
- (Business check, Cashier's check or Money Order only) -
- Make check payable to the Arizona Department of Health Services -

R9-5-205.B. An applicant that submits the items required by subsection (A) later than 45 days before the expiration date of the current license shall pay to the Department the late filing fee in the amount of \$ 50.00 required by A.R.S. § 36-882.

In accordance with A.R.S. § 36-883.02, prior to submitting license application, signatories must be fingerprinted and registered with the:

Department of Public Safety
Applicant Clearance Card Team
P.O. Box 18390
Phoenix, Arizona 85005-8390
(602) 223-2279

- C. A copy of the *Fingerprint Clearance Card* AND a notarized *Criminal History Affidavit* with this application to verify compliance.**
- D. *Attachment to Application*, including the Controlling Persons and Agent Information or the Public School List of Responsible Parties, if there have been changes since the last application**
- E. *Corporation Commission Certificate of Good Standing*, dated within 6 months of application, if applicable,**

The renewal license application is valid for 150 days from the date of Office of Child Care Licensing receipt. If licensing is not complete during this time a new license application and fee will be required.

SEND THE ABOVE LISTED ITEMS TO YOUR REGIONAL OFFICE OF CHILD CARE LICENSING AT:

_____ 150 North 18th Avenue, Suite 400, Phoenix, Arizona 85007
_____ 400 West Congress, Suite 100, Tucson, Arizona 85701
_____ 1500 East Cedar Avenue, Suite 22, Flagstaff, Arizona 86004

AMERICANS WITH DISABILITIES ACT

This publication can be made available in alternative format. Please contact the Office of Child Care Licensing at 602-364-2539 or 1-800-615-8555 or log on to <http://www.azdhs.gov/als/childcare/index.htm>

ARIZONA DEPARTMENT OF HEALTH SERVICES

Office of Child Care Licensing

NOTARIZED LICENSE RENEWAL APPLICATION FORM FOR A CHILD CARE FACILITY

A.R.S. Title 36-Chapter 7.1

PUBLIC RIGHT TO KNOW: The case records regarding this Child Care Facility are available for inspection at the Office of Child Care Licensing, 1500 East Cedar Avenue, Suite 22, Flagstaff, 400 West Congress, Suite 100, Tucson, or 150 North 18th Avenue, Suite 400, Phoenix.

1. Name of Child Care Facility _____
Facility Street Address _____
City _____ Zip _____ County _____
Mailing Address (if different) _____ City _____ State _____ Zip _____
Facility Phone Number _____
Facility Fax Number _____
2. Applicant _____
(Name of organization applying for license)
3. TYPE OF BUSINESS ORGANIZATION – Complete ALL applicable sections & Attachment to Application
☐ A. Individual
☐ B. Corporation
☐ C. Partnership
☐ D. Limited Liability Company
☐ E. Association or Cooperative
☐ F. Joint Venture
☐ G. Public School
☐ H. Charter School
☐ I. Governmental Agency _____ Federal _____ State _____ County _____ Municipal
☐ J. Other Business Organization Type not listed above

I agree to allow the Department to submit supplemental requests for information.

I have read and understand the statutes and rules of the Arizona Department of Health Services for Child Care Facilities, and I will comply with those statutes and rules.

I am at least 18 years of age.

I affirm that no Controlling Person/Responsible Party, has been denied a Certificate to operate a Child Care Group Home or a License to operate a Child Care Facility for the care of children in this state or another state or has had a License to operate a Child Care Facility or a Certificate to operate a Child Care Group Home revoked for reasons that relate to the endangerment of the health and safety of children.

Under penalty of law, I declare that the information provided in the application is accurate and complete.

Print Name/Title _____ Signature _____

Print Name/Title _____ Signature _____

STATE OF ARIZONA)
COUNTY OF _____) ss

Subscribed and sworn to before me this _____ day of _____, 20____

by _____ (name of signatory) and _____ (name of signatory)

Notary Public _____ My Commission Expires _____

CHILD CARE CENTER ATTACHMENT TO APPLICATION

COMPLETE THE APPLICABLE SECTIONS

A. ☐ INDIVIDUAL – must be 18 years of age, a U.S. citizen or legal resident alien and a resident of Arizona.

Attach a copy of one: A U. S. passport, a birth certificate, naturalization documents or documentation of legal resident alien status.

B. CORPORATION – must be a domestic entity or a foreign entity qualified to do business in Arizona.

1. Address _____
2. Attach: _____
 - ☐ a. A copy of Articles of Incorporation.
 - ☐ b. List showing name, title and address of each officer and board member or trustee.
 - ☐ c. Arizona Corporation Commission Certificate of Good Standing dated within six months before the date of application.

C. PARTNERSHIP – must have at least one partner who is a U. S. citizen or legal resident alien and a resident of Arizona.

1. Address _____ Phone _____
2. Attach: _____
 - ☐ a. Partnership documents, if available.
 - ☐ b. List showing name, title and address of each officer and board member or trustee.
 - ☐ c. A copy of a U.S passport, a birth certificate, naturalization documents or documentation of legal resident alien status for one partner.

D. LIMITED LIABILITY COMPANY – must be a domestic entity or a foreign entity qualified to do business in Arizona.

1. Address _____ Phone _____
2. Attach: _____
 - ☐ a. Limited Liability Company documents.
 - ☐ b. List showing name, title and address of each officer and board member or trustee.
 - ☐ c. Arizona Corporation Commission Certificate of Registration dated within six months before the date of application.

E. ASSOCIATION or COOPERATIVE – must be a domestic entity or a foreign entity qualified to do business in Arizona.

1. Address _____ Phone _____
2. Attach: _____
 - ☐ a. Articles of organization.
 - ☐ b. List showing name, title and address of each officer and board member or trustee.
 - ☐ c. A copy of a U.S passport, a birth certificate, naturalization documents or documentation of legal resident alien status for one association member.

F. JOINT VENTURE

1. Address _____ Phone _____
2. Attach: _____
 - ☐ a. Joint venture documents, if applicable.
 - ☐ b. List showing name, title and address of each officer and board member or trustee.

G. PUBLIC SCHOOL

1. Address _____ Phone _____
2. Attach: _____
 - ☐ Letter from the school governing board or school district superintendent designating a signatory, if applicable.

H. CHARTER SCHOOL

1. Address _____ Phone _____
2. Attach: _____
 - ☐ Letter from the person approved to operate the charter school by the district governing board, the Arizona Board of Education, or the Arizona Board for Charter Schools, designating a signatory, if applicable.

I. GOVERNMENTAL AGENCY

1. Agency Address _____
2. Attach: _____
 - ☐ a. List showing name, title and address of each officer and board member or trustee.
 - ☐ b. Letter from the individual in the senior leadership position designating an individual as signatory, if applicable.

J. BUSINESS ORGANIZATION – other than those listed above

1. Address _____ Phone _____
2. Attach: _____
 - ☐ a. List showing name, title and address of each officer and board member or trustee.
 - ☐ b. A copy of the business organization's documents.

ARIZONA DEPARTMENT OF HEALTH SERVICES

Office of Child Care Licensing

CONTROLLING PERSONS INFORMATION:

To be filled out by all applicants including those programs located in a public school but not owned by the District

A.R.S. § 36-881.4 Controlling Persons means a person who:

- Has through ownership, the power to vote at least ten per cent of the outstanding voting securities.
- If the applicant or licensee is a partnership, is the general partner or a limited partner who holds at least ten percent of the voting rights of the partnership.
- If the applicant or licensee is a corporation, an association or a limited liability company, is the president, the chief executive officer, the incorporator, an agent or any person who owns or controls at least ten percent of the voting securities.
- Holds a beneficial interest in ten percent or more of the liabilities of the applicant or the licensee.

Printed Name	Title	Address	Social Security # *	Date of Birth

DESIGNATED AGENT INFORMATION:

A.R.S. § 36-889(D) Each applicant or licensee shall designate an agent who is authorized to receive communication from the Department, including legal service of process, and to file and sign documents for the applicant or licensee.

The designated agent for a corporation, association or limited liability company must be a controlling person under 36-881.4. The designated agent must be a resident of this state.

Agent Name: _____ Resident Address: _____

Business Address: _____

Resident Phone Number: (____) _____ Business Phone Number: (____) _____

Resident Fax Number: (____) _____ Business Fax Number: (____) _____

Attach a copy of one of the following for the designated agent:

A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status.

***Social Security Number is required by the Arizona Administrative Code R9-5-201.A.5.1.ii. for issuance of a child care license. Address and Social Security Number are confidential and will be redacted from public files.**

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING
CONTROLLING PERSONS GUIDELINES**

<i>ORGANIZATION</i>	<i>CONTROLLING PERSONS</i>
Partnership	General Partner Any Limited Partner who holds at least ten per cent of voting rights
Corporations, Associations, Limited Liability Company, Municipal Corporations/Agencies	President Chief Executive Officer Incorporator Agent Any person owning or controlling at least ten per cent of the voting securities
School Districts, Counties	Designated Agent
Other	Owner(s) having the power to vote at least ten per cent of the outstanding voting securities Any person holding a beneficial interest in at least ten per cent of the liabilities of the applicant or licensee

* These are general guidelines and NOT all-inclusive. The actual controlling person must be determined on a case-by-case basis by the organization.

ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF CHILD CARE LICENSING

PUBLIC SCHOOL LIST OF RESPONSIBLE PARTIES

To be filled out by those programs owned by the Public School District

List all those persons responsible for the district policies, procedures, and decisions. They may be the governing board, superintendent and may or may not include the principal.

Printed Name	Title	Address	Social Security # *	Date of Birth

DESIGNATED AGENT INFORMATION:

A. R.S. § 36-889(D) Each applicant or licensee shall designate an agent who is authorized to receive communication from the Department, including legal service of process, and to file and sign documents for the applicant or licensee.

The designated agent must be a resident of this state.

Agent Name: _____ Resident Address: _____

Business Address: _____

Resident Phone Number: (____) _____ Business Phone Number: (____) _____

Resident Fax Number: (____) _____ Business Fax Number: (____) _____

Attach a copy of one of the following for the designated agent:

A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status per R9-5-201.A.5.j.

***Social Security Number is required by the Arizona Administrative Code R9-5-201.A.5.1.ii. for issuance of a child care license. Address and Social Security Number are confidential and will be redacted from public files.**

LS_____

Address _____ City _____ Zip _____

[illegible]

Date _____